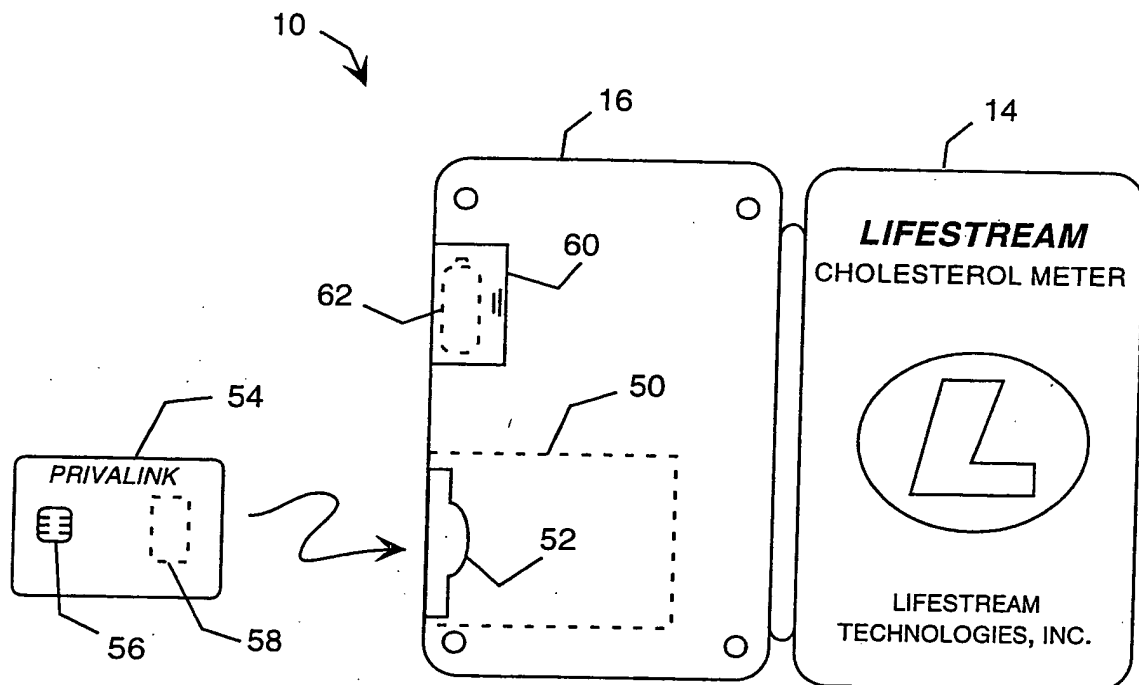


**FIG. 1A**



**FIG. 1B**

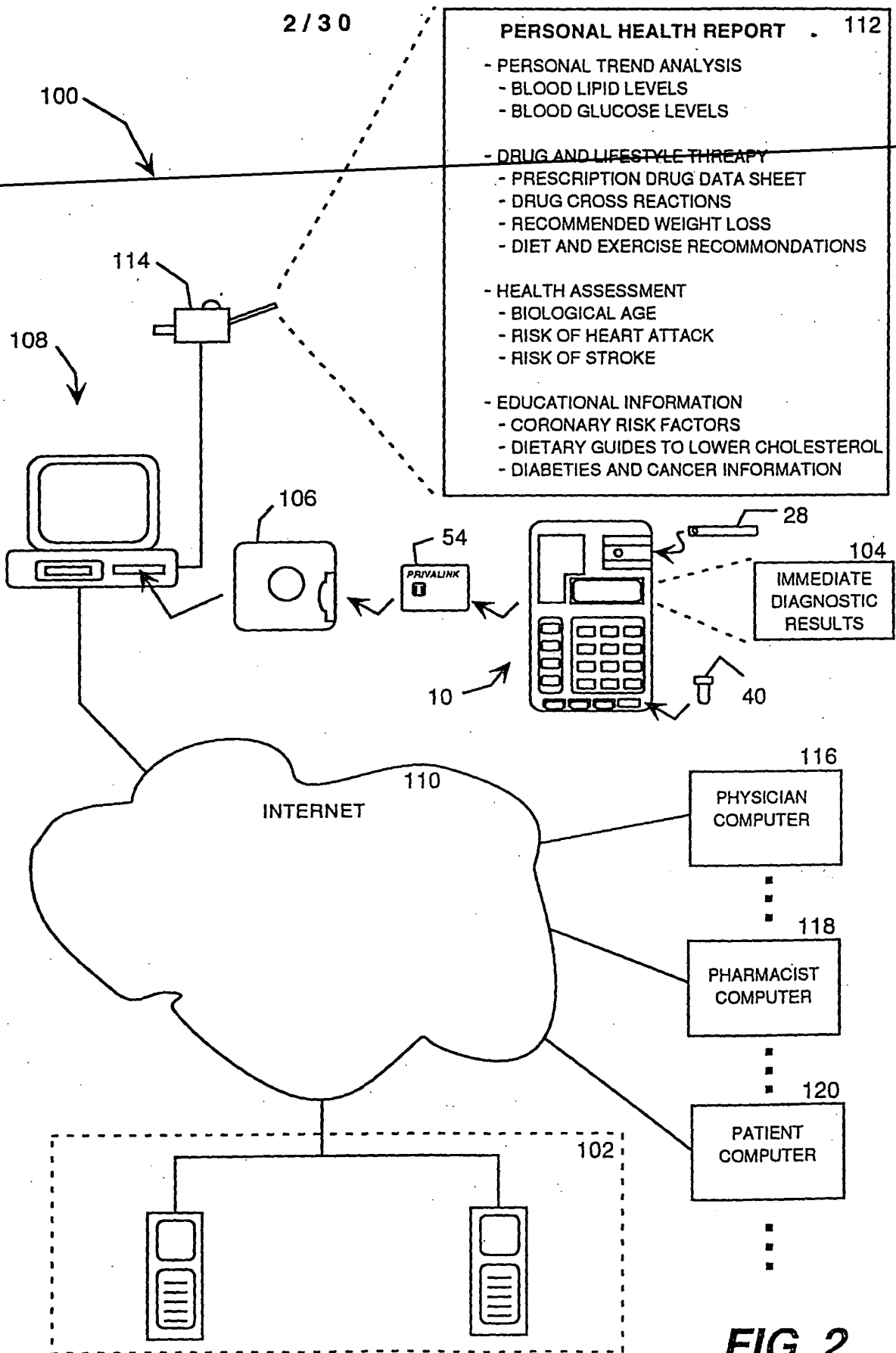
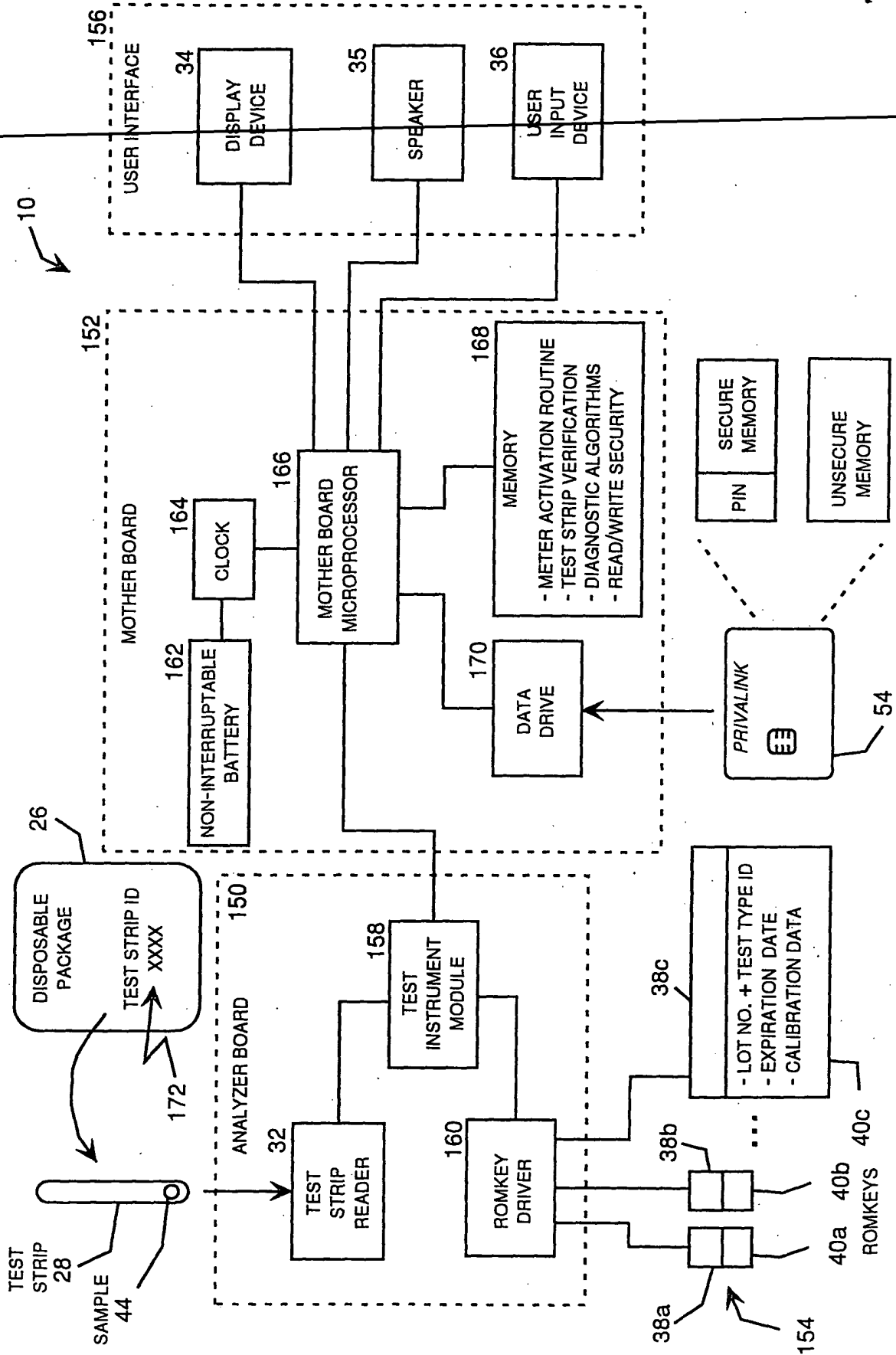
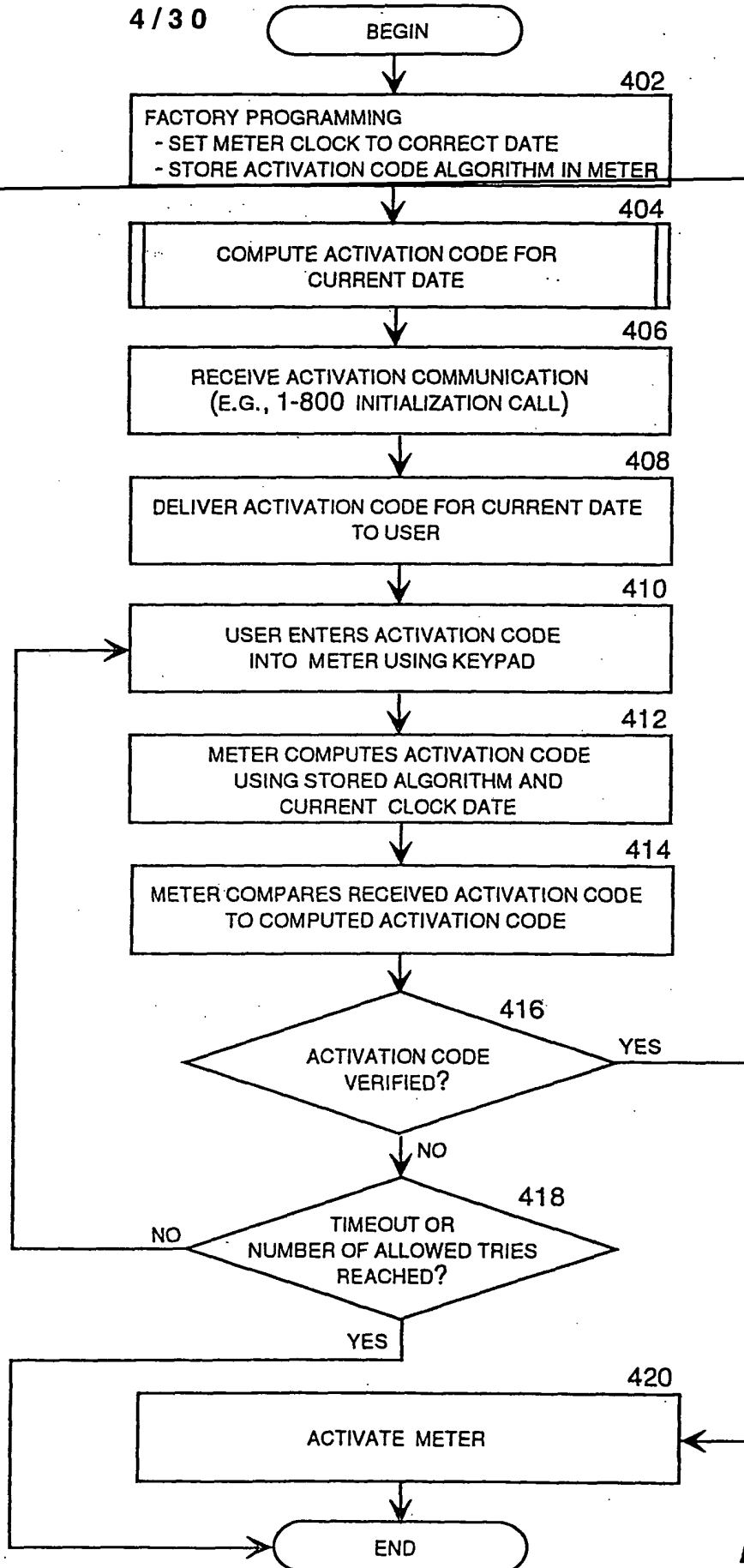


FIG. 2

FIG. 3



4 / 3 0

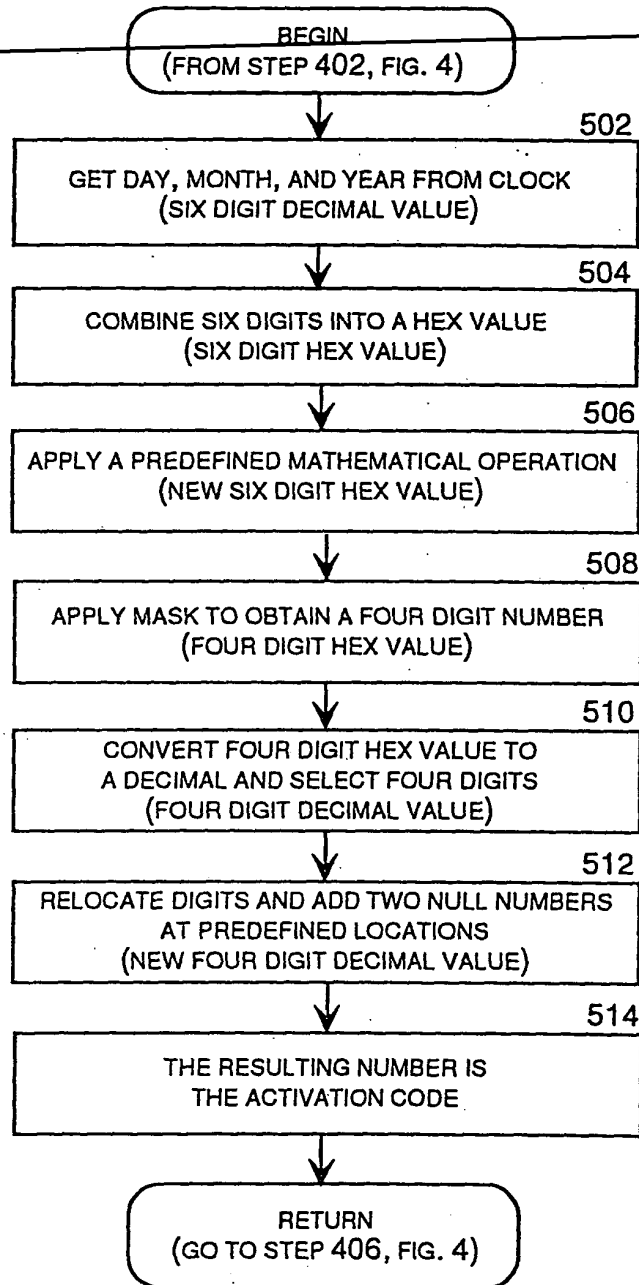


METER  
ACTIVATION  
ROUTINE  
400

**FIG. 4**

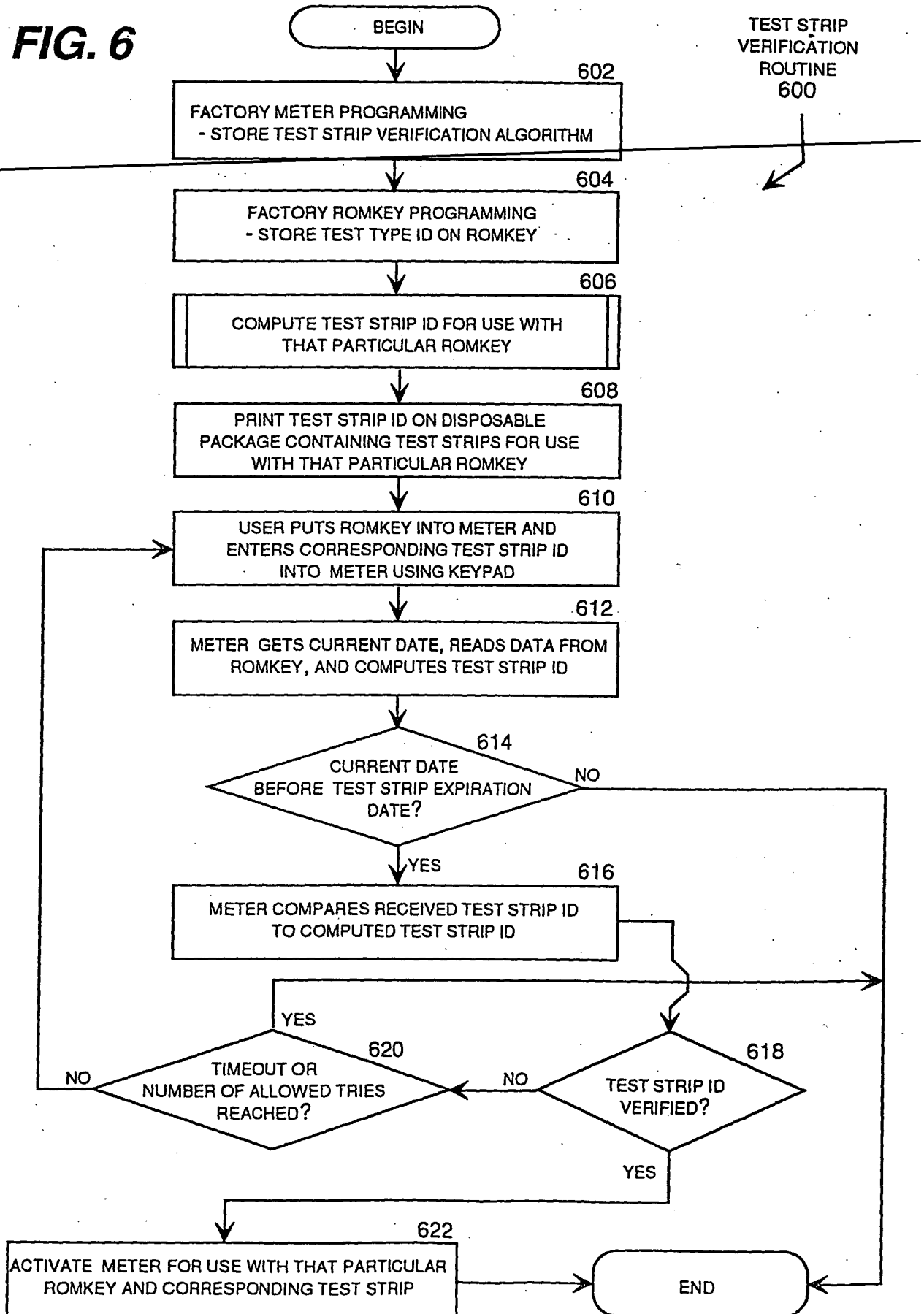
5 / 3 0

COMPUTE  
ACTIVATION CODE  
ROUTINE  
404



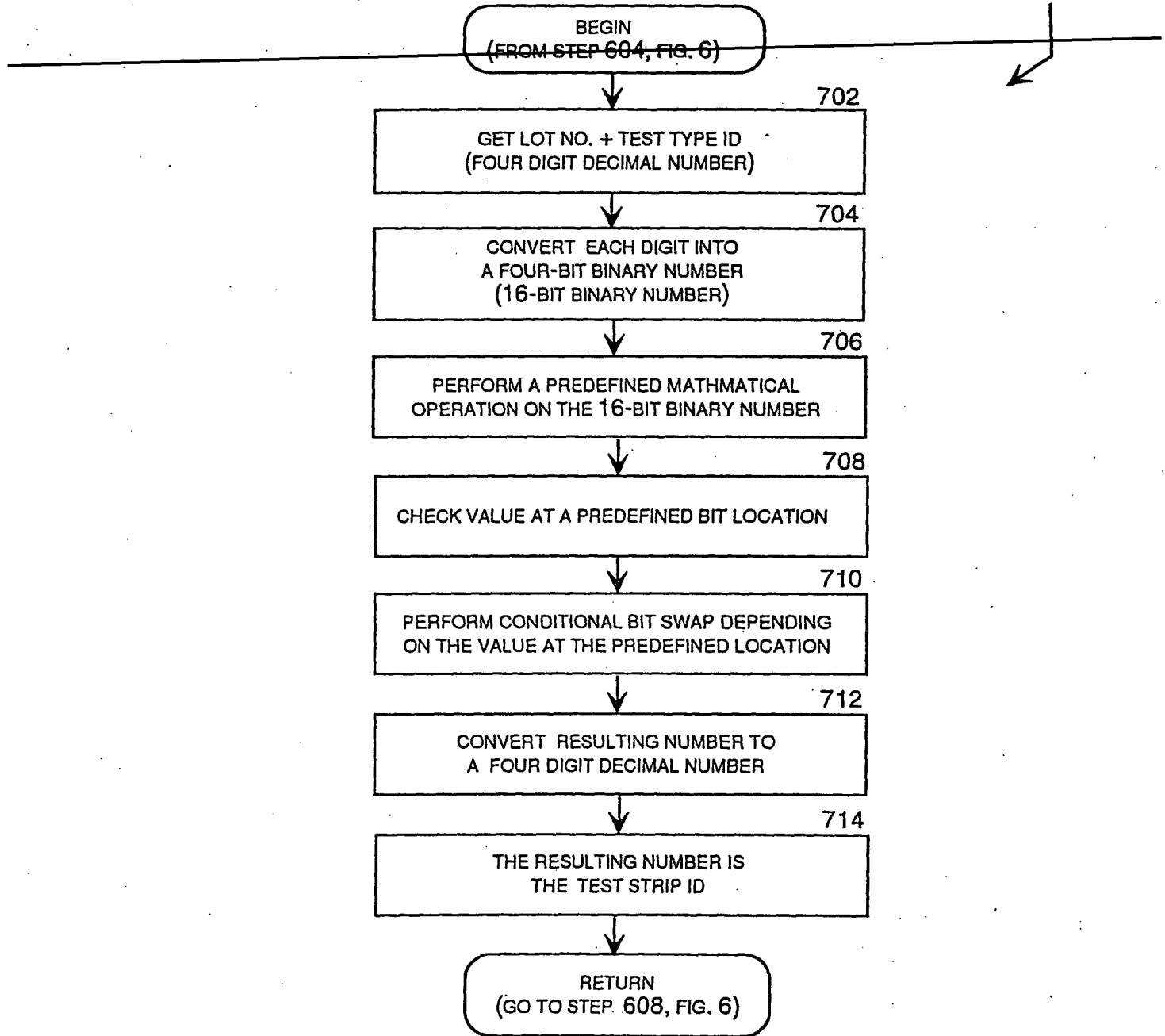
**FIG. 5**

FIG. 6



7 / 3 0

COMPUTE  
TEST STRIP ID  
ROUTINE  
606



**FIG. 7**

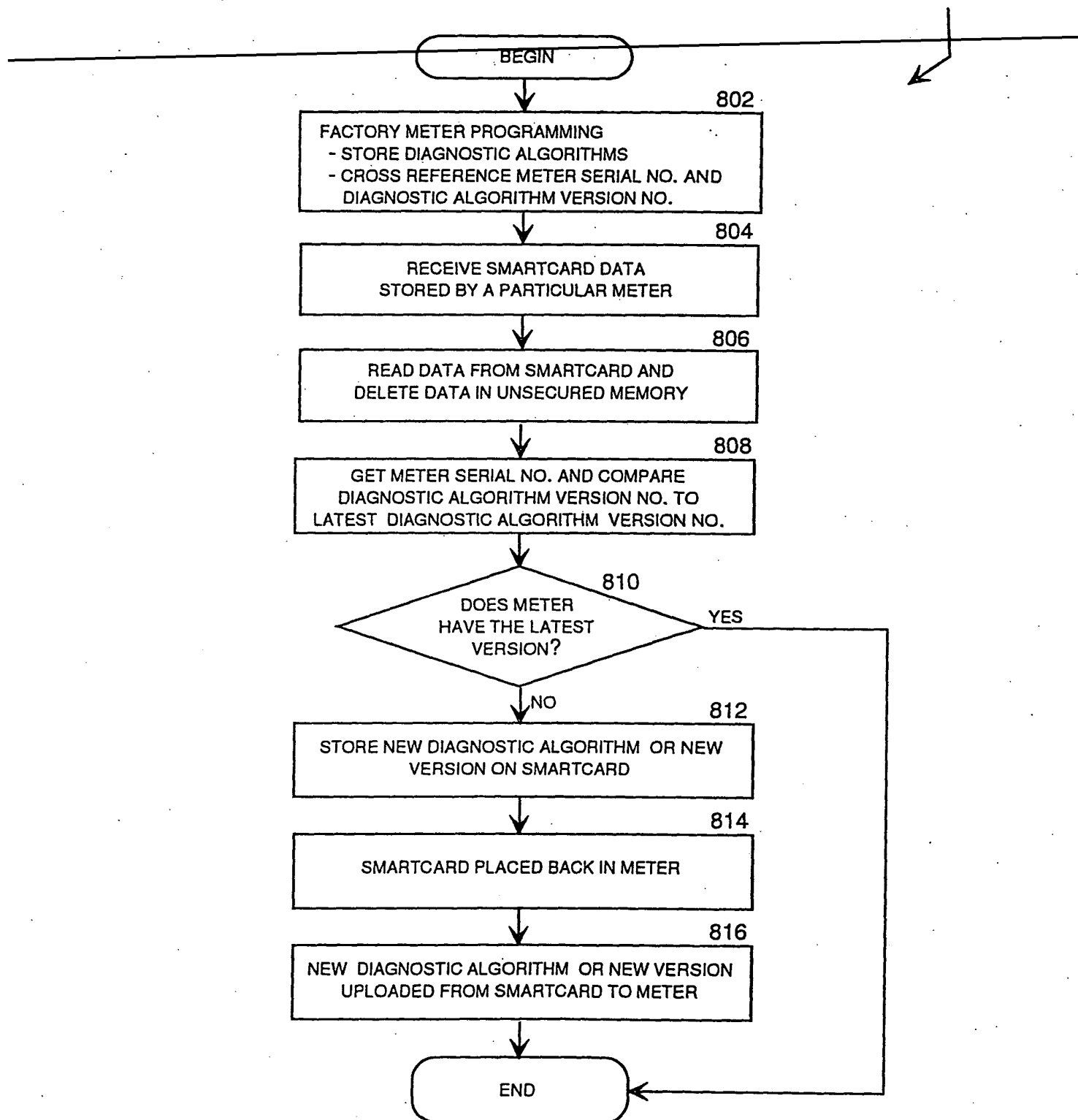
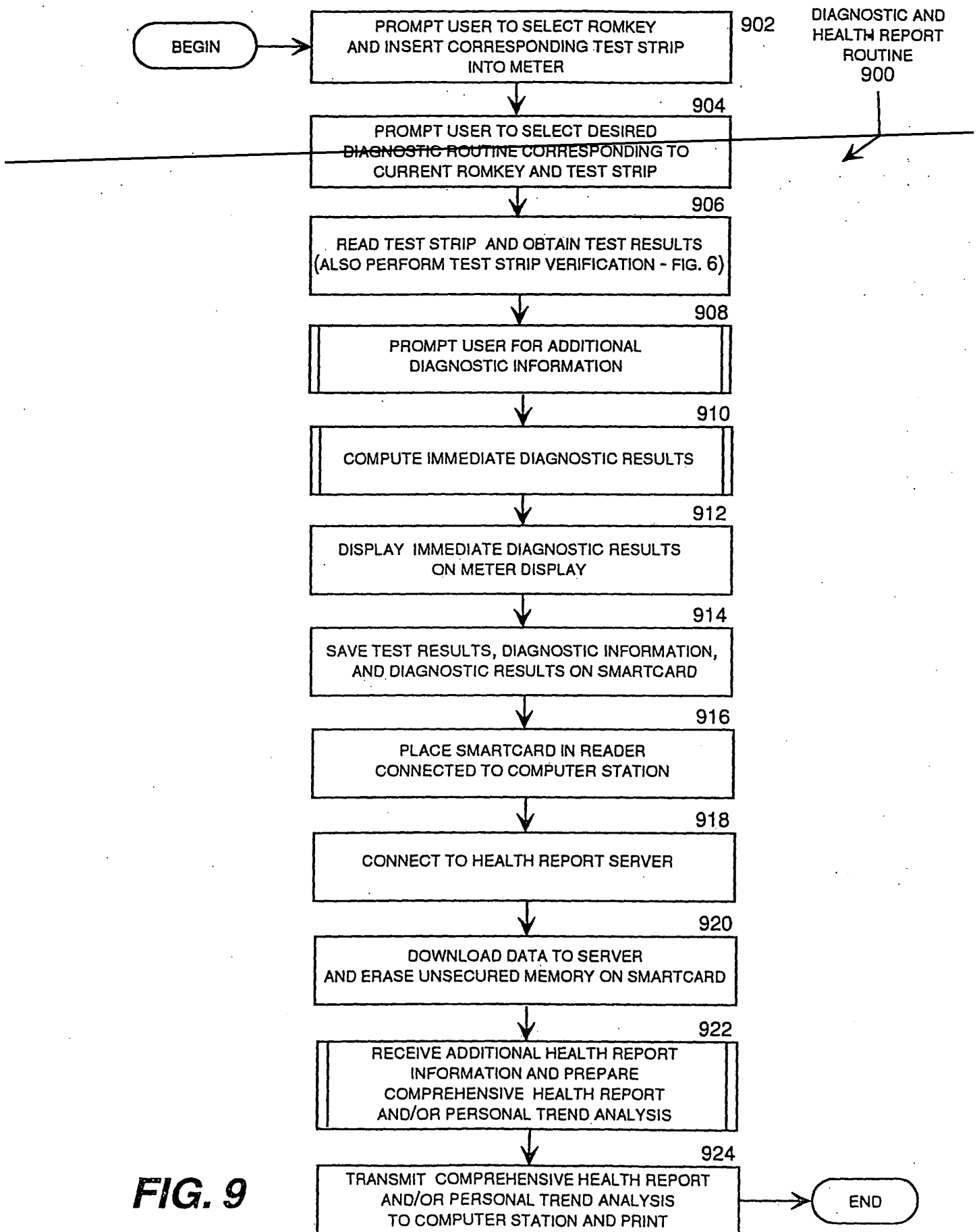


FIG. 8



9 / 3 0



**FIG. 9**

10/30

BEGIN  
(FROM STEP 906, FIG. 9)

EXAMPLE  
CHOLESTEROL  
ROUTINE  
908

PROMPT FOR AND RECEIVE GENDER

PROMPT FOR AND RECEIVE ETHNICITY

PROMPT FOR AND RECEIVE FAMILY HISTORY  
OF HEART DISEASE

PROMPT FOR AND RECEIVE PERSONAL HISTORY  
OF HEART DISEASE

PROMPT FOR AND RECEIVE DIABETIC TYPE 1

PROMPT FOR AND RECEIVE DIABETIC TYPE 2

PROMPT FOR AND RECEIVE SMOKER

PROMPT FOR AND RECEIVE HEIGHT

PROMPT FOR AND RECEIVE WEIGHT

PROMPT FOR AND RECEIVE AGE

PROMPT FOR AND RECEIVE BLOOD PRESSURE

PROMPT FOR AND RECEIVE FITNESS LEVEL

RETURN  
(GO TO STEP 910, FIG. 9)

**FIG. 10**

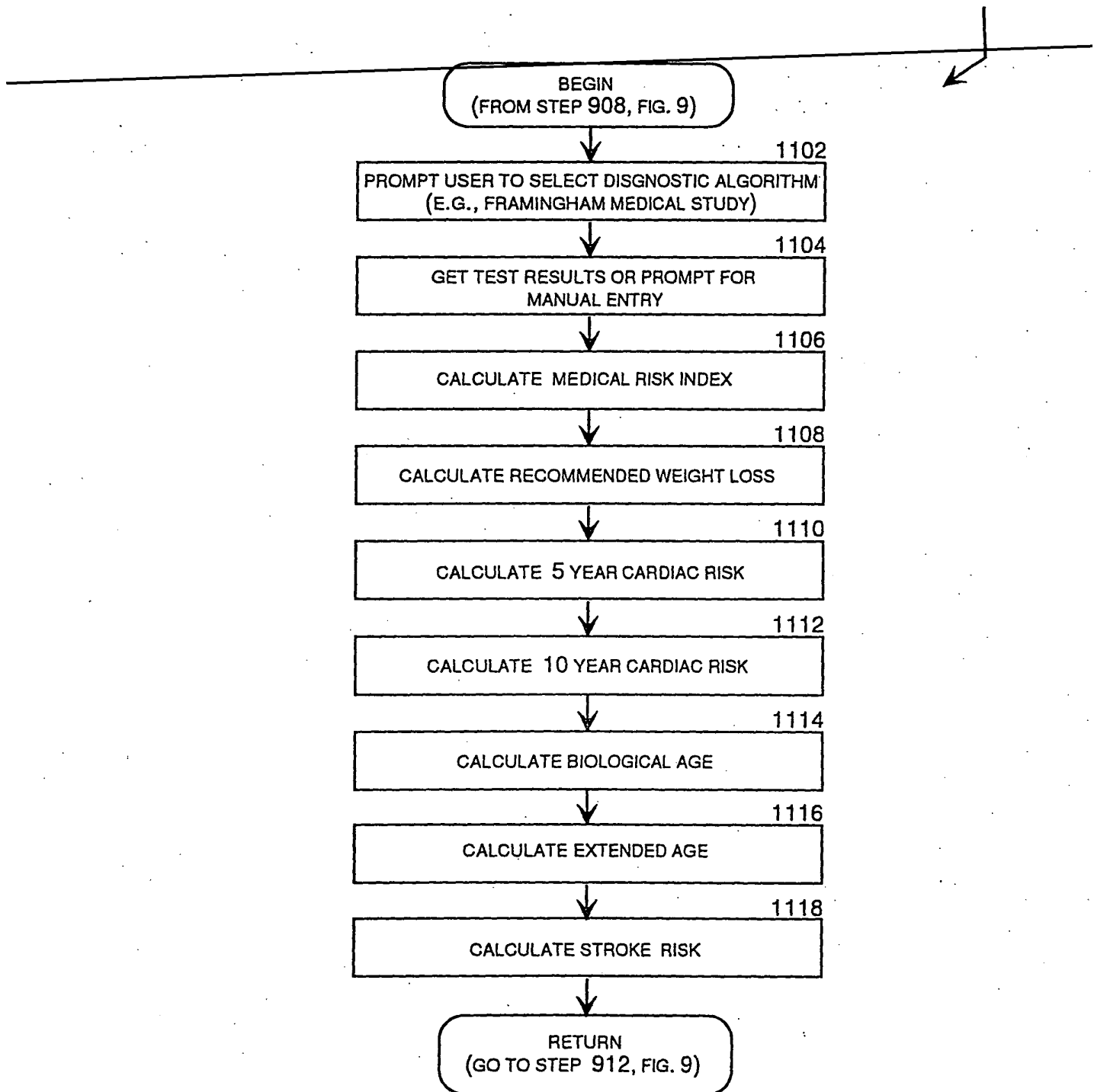
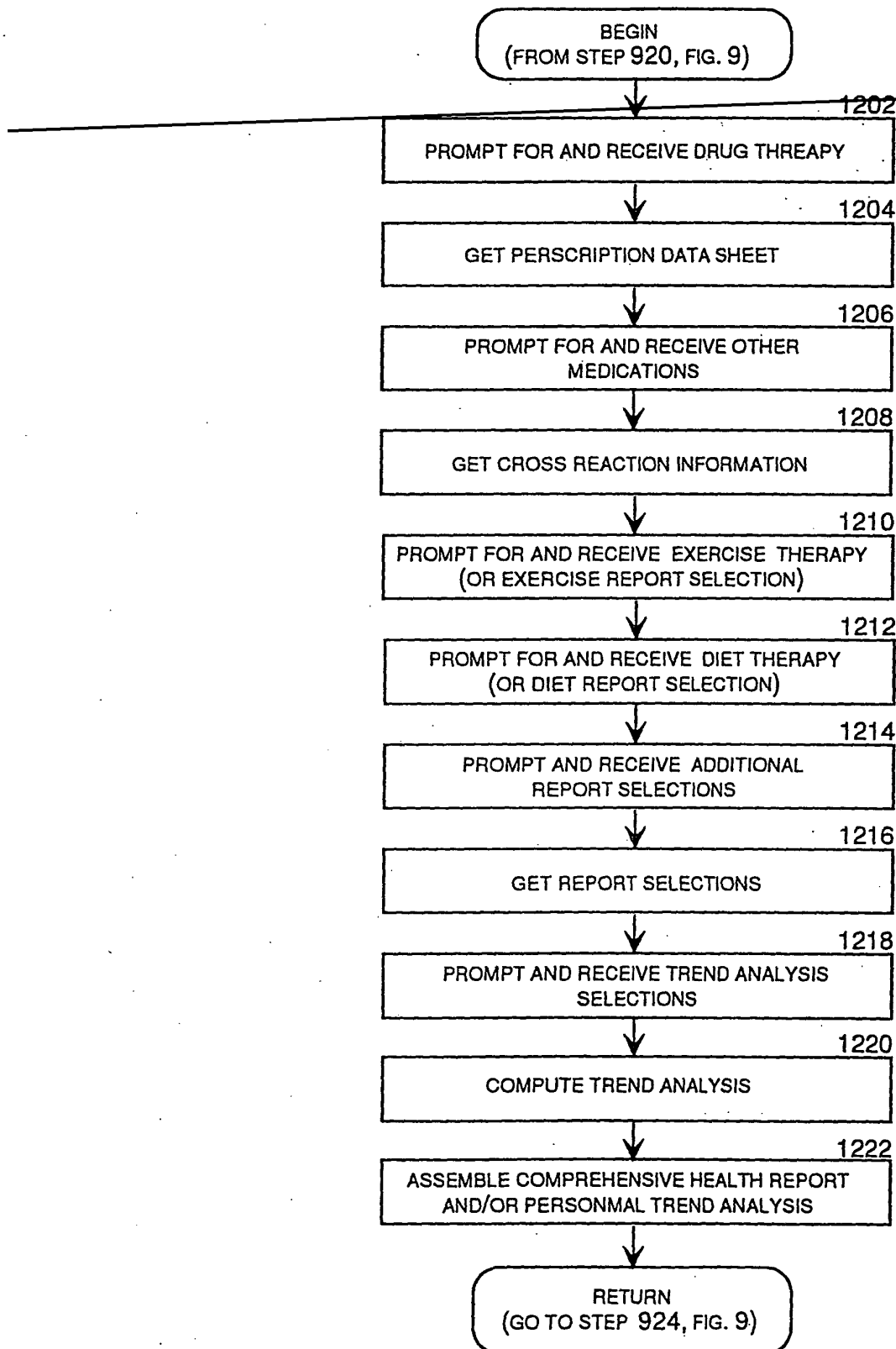


FIG. 11

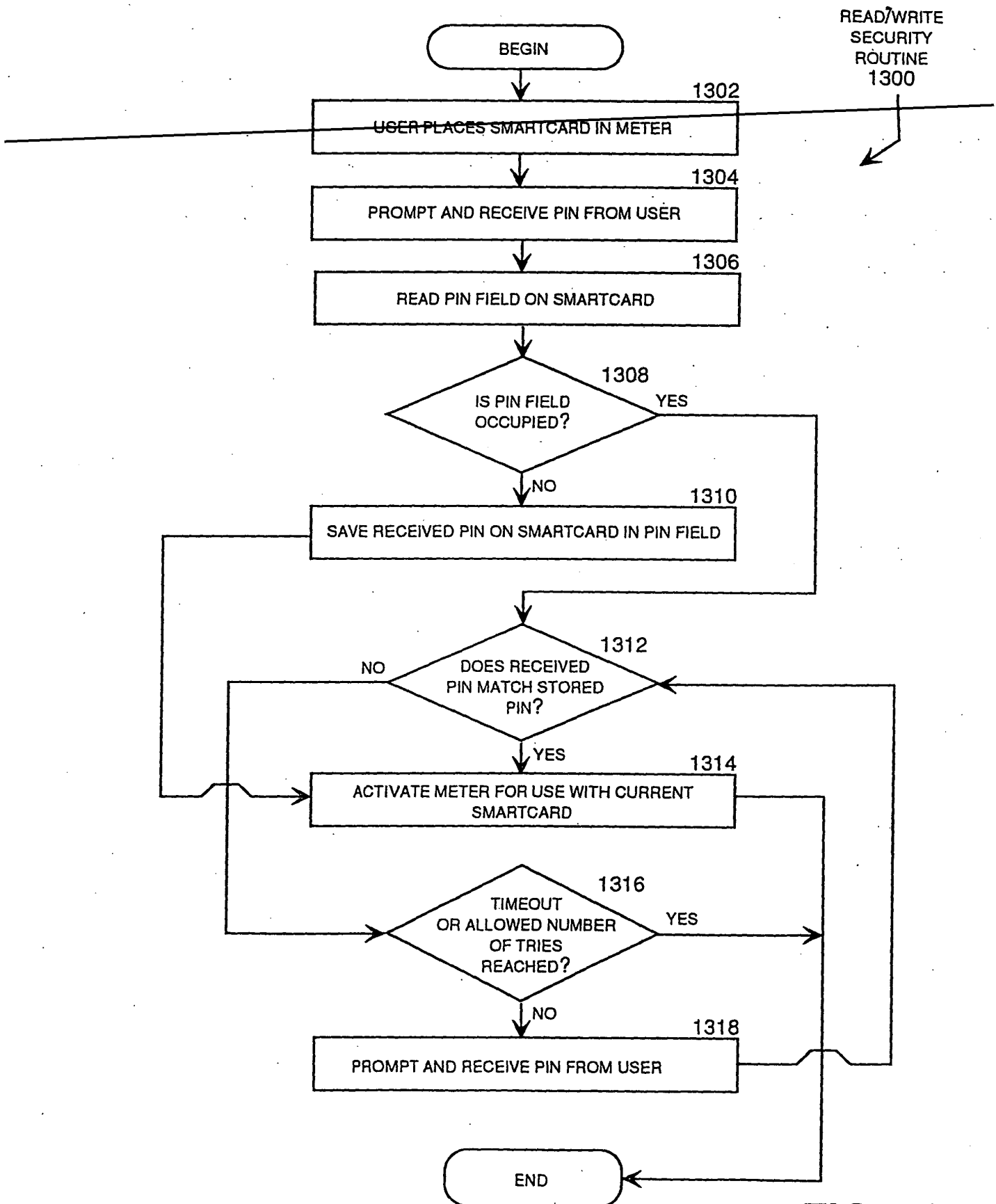
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EXAMPLE  
CHOLESTEROL  
ROUTINE  
922



**FIG. 12**

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**FIG. 13**

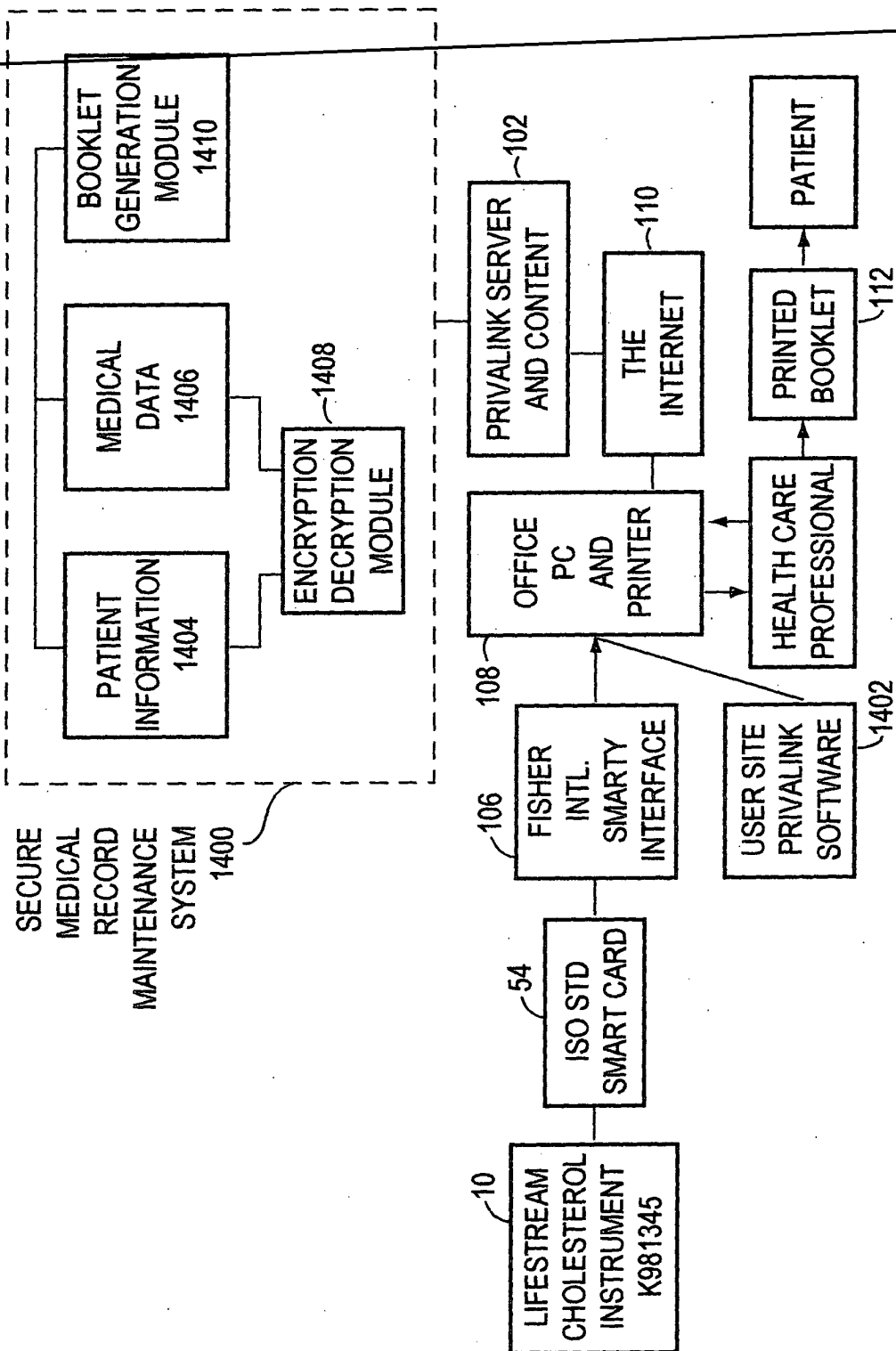


FIG. 14

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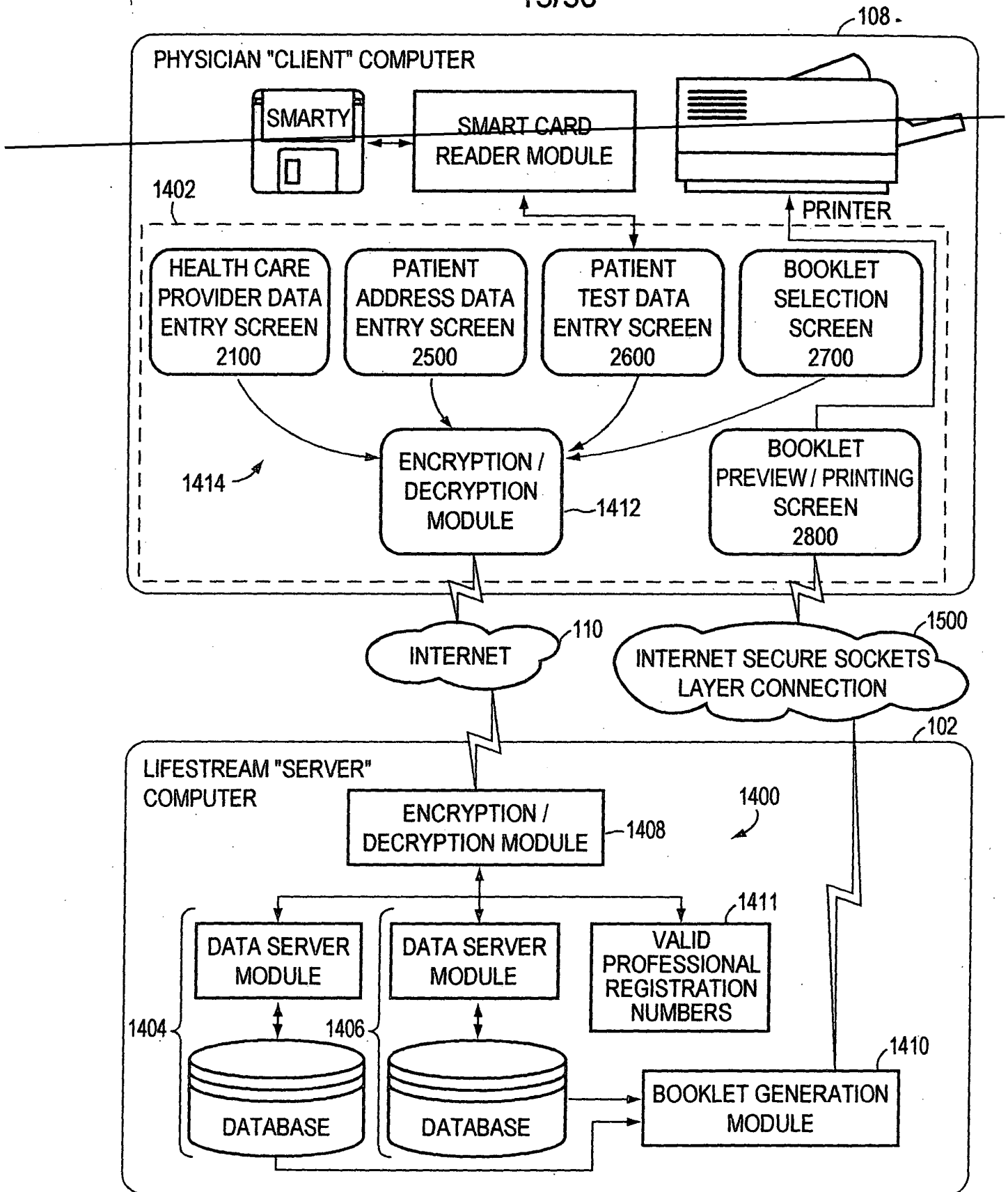


FIG. 15

GLOBAL SYSTEM HARDWARE PICTORIAL

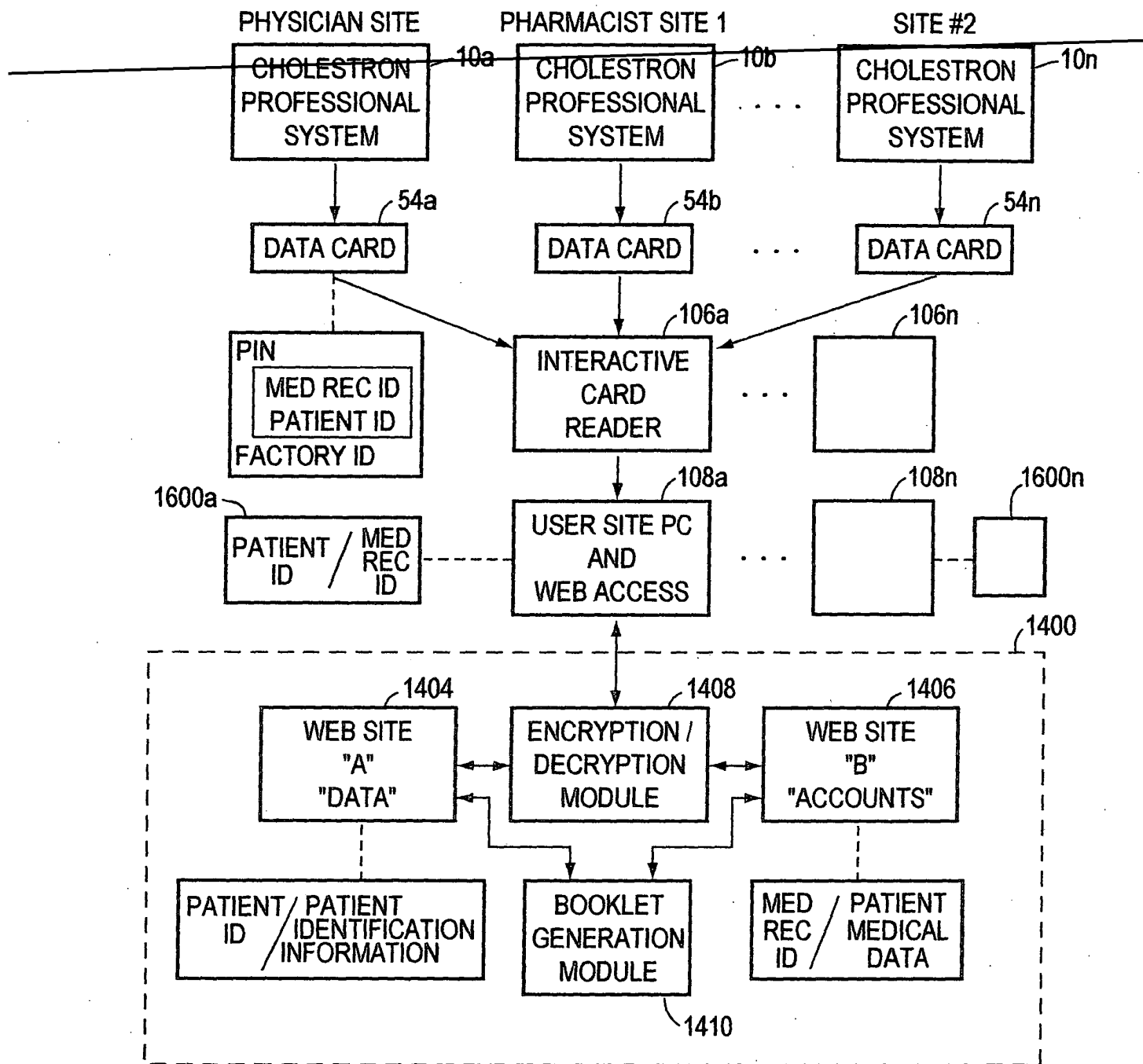
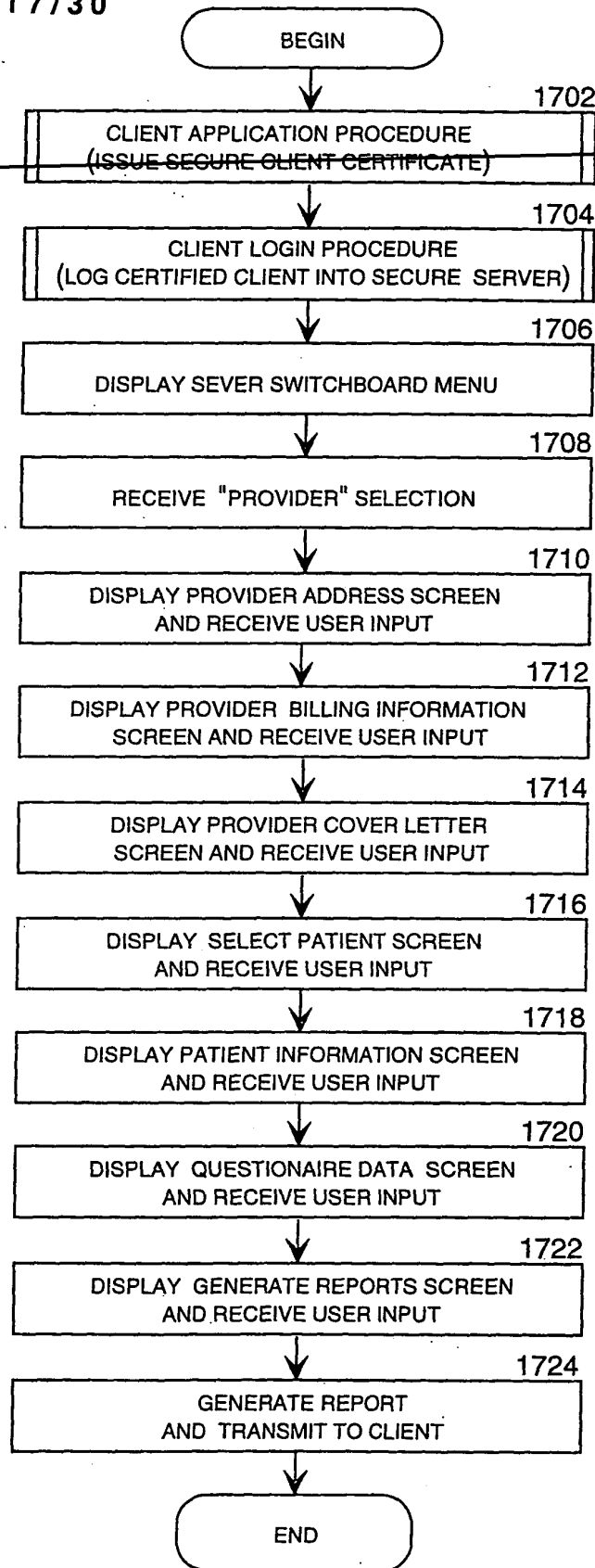


FIG. 16



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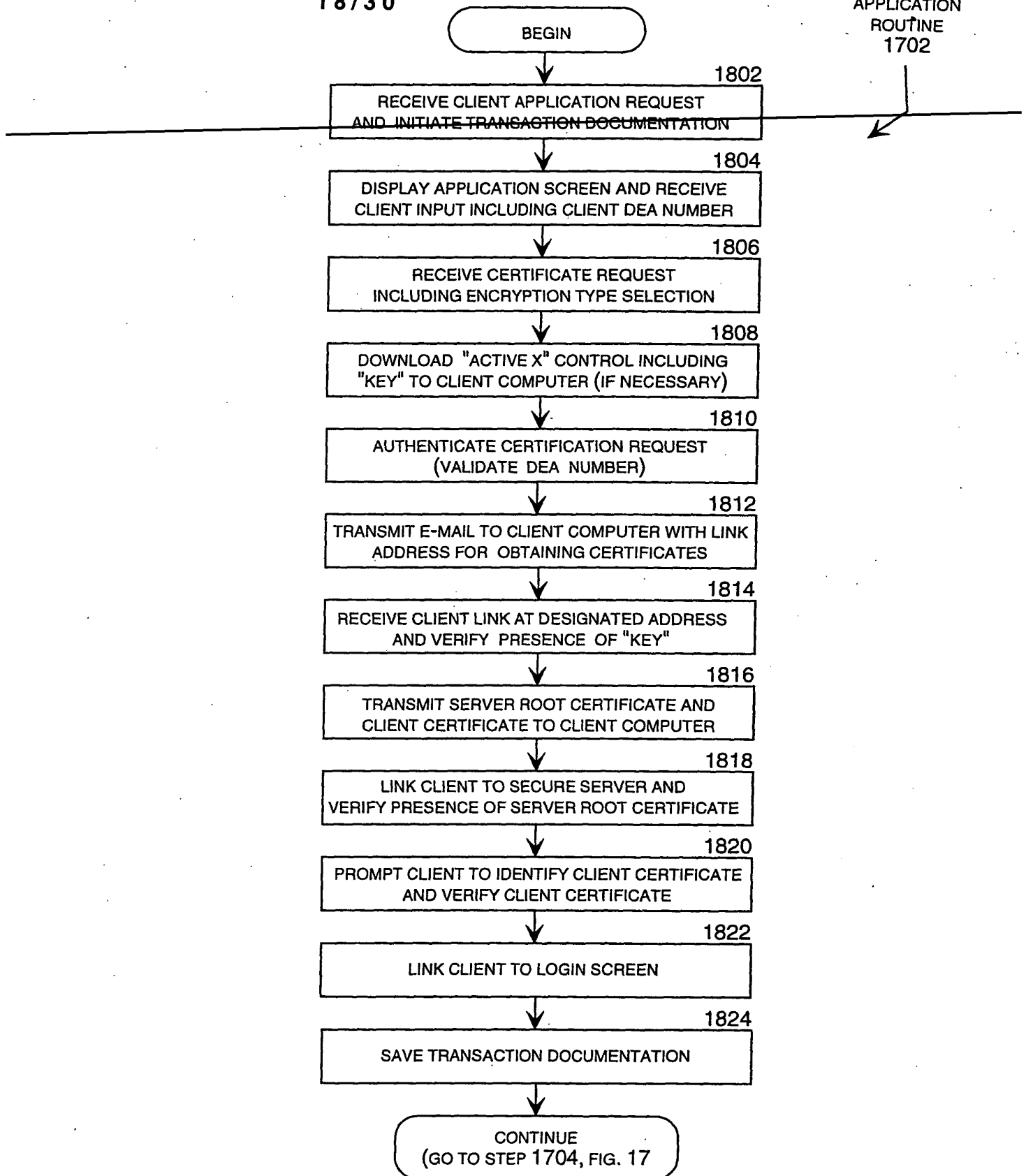
CLIENT  
ACCESS  
ROUTINE  
1700



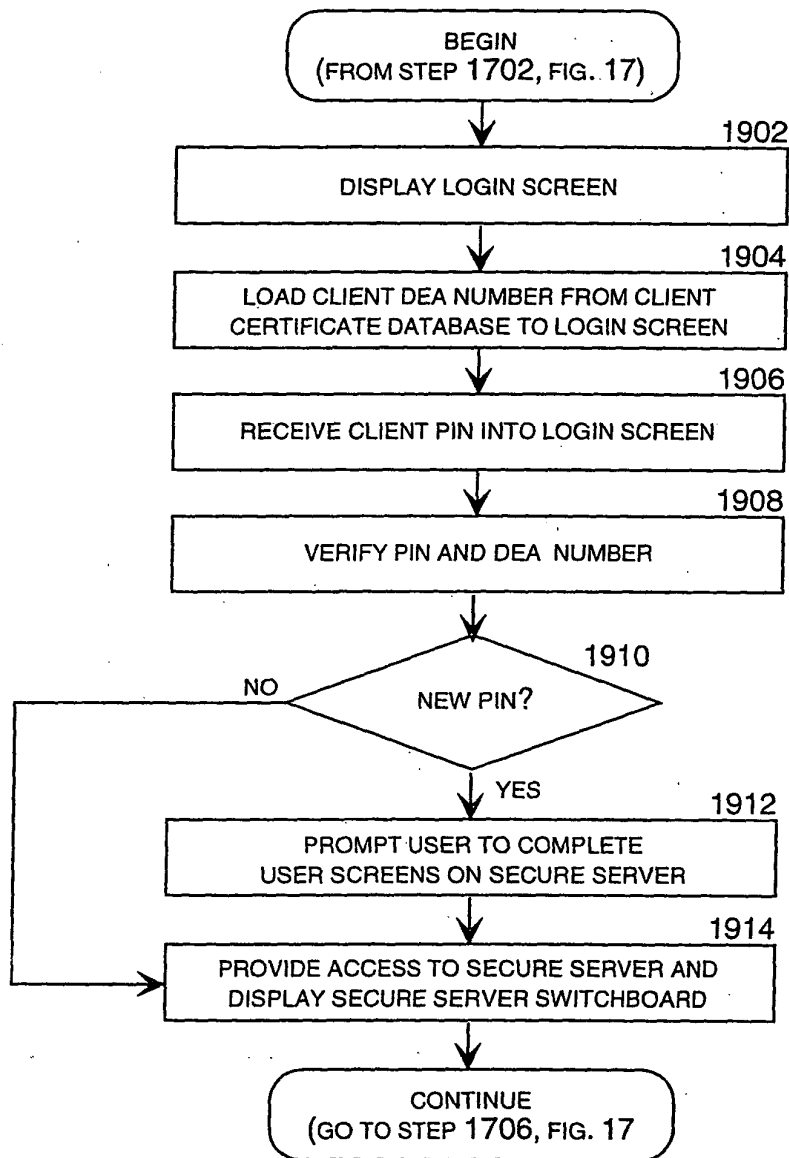
**FIG. 17**

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CLIENT  
APPLICATION  
ROUTINE  
1702



**FIG. 18**

**FIG. 19**

20/30

INITIAL INPUT SELECTION

2000

2002

2004

Provider

Patients

Programs

Online PDR

Abstracts

FIG. 20

BILLING MODULE

2100

2102

2106

2108

2110

2104

Address Billing Info Cover Letter

Account

Provider Number

XX1234567

PIN

\*\*\*\*

Name

Title

First

Last

Degree

Lifestream

Technologies

Address

Street Address

510 Clearwater Loop

Suite 101

City

State/Region

Postal Code

Post Falls

ID

83854

Country

United States

Other

Phone

Fax

(208) 457-9409

(509) 457-9509

Birthdate

1/1/60

E-mail

sales@lifestreamtech.com

Associate PIN Numbers

First Name

Last Name

Jane

Worker

Joe

Worker

Add

Modify

Delete

Notes

1.0.3.4



Save

FIG. 21

21/30

2108

2200

2202

Address Billing Info Cover Letter

Billing Method Credit Card

Credit Card Information

Credit Card Number Expiration Date

Name on card

Checking Account Information

Checking Account Routing Number

Save

FIG. 22

2110

Address Billing Info Cover Letter

From the Office of Lifestream Technologies  
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854  
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~

~Pt.Name~  
~Pt.Address~  
~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,

Editor Save


FIG. 23

1.0.253


Select an existing patient or add a new patient


☒ Select Existing Patient


☐ Add New Patient


 Read SmartCard

Administrative

 Backup

 Recreate Card

 Restore

 Quick List



 Next

FIG. 24

**Patient Information**

Account File Number 123		Entry Date 11/24/98
Name First: Jill      Last: Smith		
Address Street Address 110 Main		
City Spokane	State/Region WA	Postal Code 99201
Country United States	Language English	
Other Phone: (509) 555-1212      Fax: Birthdate: 1/1/50      Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female E-mail: <input checked="" type="checkbox"/> Include on Mailing List		
Notes <div></div>		

 Save



 Previous       Next

FIG. 25






**Questionnaire Data**

Patient  
File Number  First  Last  Test Time Stamp

**Risk Components**

Family History	<input checked="" type="checkbox"/>	Height	<input type="text" value="68"/> inches	Glucose	<input type="text" value="0"/> mg/dl
Personal History	<input type="checkbox"/>	Weight	<input type="text" value="165"/> pounds	Body Fat	<input type="text" value="24"/> %
CVD	<input type="checkbox"/>	Age	<input type="text" value="48"/> Years	Systolic	<input type="text" value="140"/>
AF	<input type="checkbox"/>	Chol	<input type="text" value="215"/> mg/dl	Diastolic	<input type="text" value="80"/>
LVH	<input type="checkbox"/>	Tng	<input type="text" value="0"/> mg/dl	Fitness	<input type="text" value="Sedentary"/>
Diabetes Type 1	<input type="checkbox"/>	LDL	<input type="text" value="0"/> mg/dl	Ethnicity	<input type="text" value="Caucasian"/>
Diabetes Type 2	<input type="checkbox"/>	HDL	<input type="text" value="0"/> mg/dl	Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Smoker	<input checked="" type="checkbox"/>				

 Record 1 of 1  Read SmartCard  Save

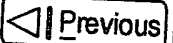

 Previous  Next

FIG. 26

**Generate Reports**


Current Test  
File Number  First  Last  Test Time Stamp

☒ Full Program  
☒ Cover Letter  
☒ Summary  
☒ Evaluation  
☒ Receipt

**Lifestyle Therapy**

**Lipid Drug**

**Blood Pressure Drug**

 **Generate Report**


 **Previous**

FIG. 27

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2802

CORONARY RISK FACTORS		TEST RESULTS	IDEAL RANGE	GOALS
IDEAL IDEAL	GENDER	MALE		
	PERSONAL HISTORY	NO	NONE	
	FAMILY HISTORY	NO	NONE	
	CVD	NO		
MODERATE HIGH	AF	NO		
	LVH	NO		
	DIABETES (TYPE 1)	YES	NONE	
	SMOKER	YES	NO	
MODERATE	HEIGHT	66 in		
	WEIGHT	155 lbs		
	AGE	44		
	TOTAL CHOLESTEROL	211	< 200	
IDEAL IDEAL LOW LOW	TRIGLYCERIDES	200		
	HDL	N/A	45-65	
	LDL	N/A	65-135	
	GLUCOSE	N/A		
IDEAL IDEAL LOW LOW	PERCENTAGE OF BODY FAT	N/A	18%	
	BP SYSTOLIC	115	< 120	
	BP DIASTOLIC	80	< 80	
	FITNESS	MODERATE	HIGH	

2804

PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5% 10 YEARS - 10%	
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

2806

## EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

FIG. 28

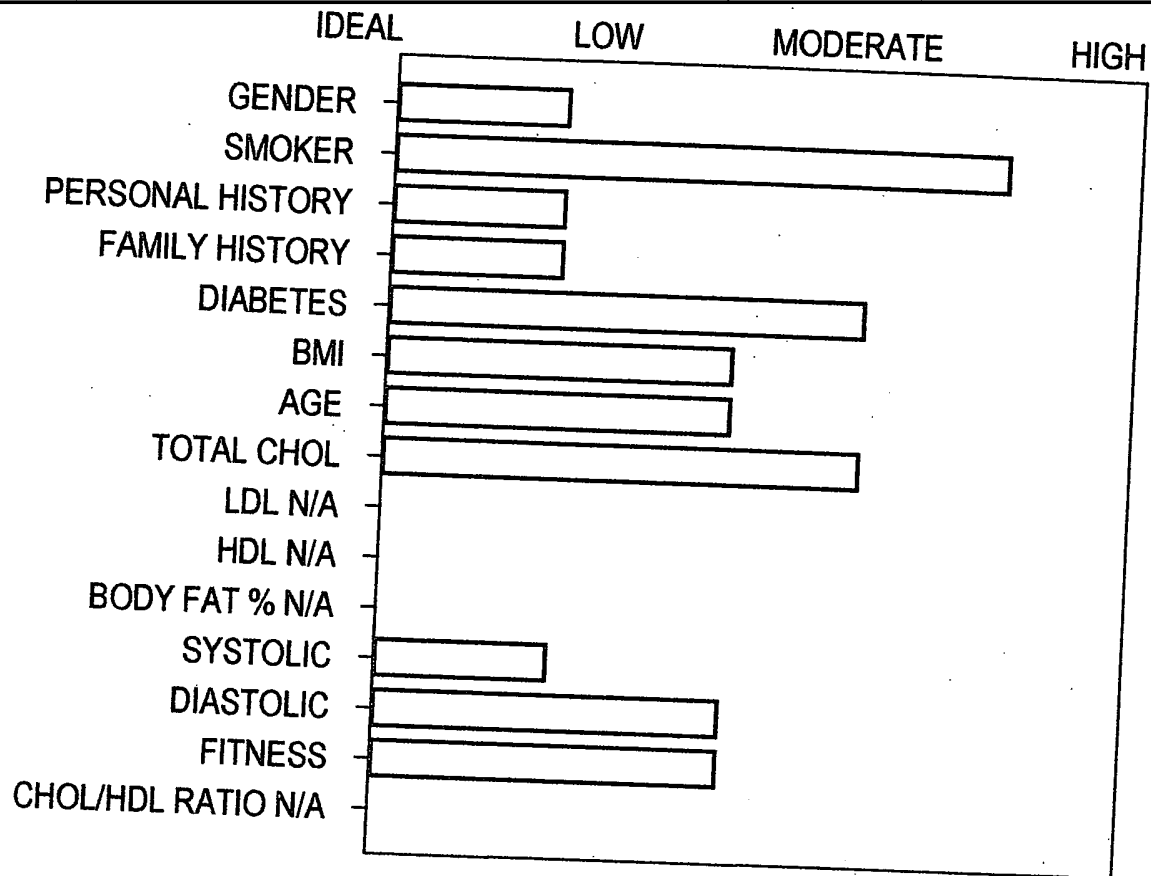


FIG. 29

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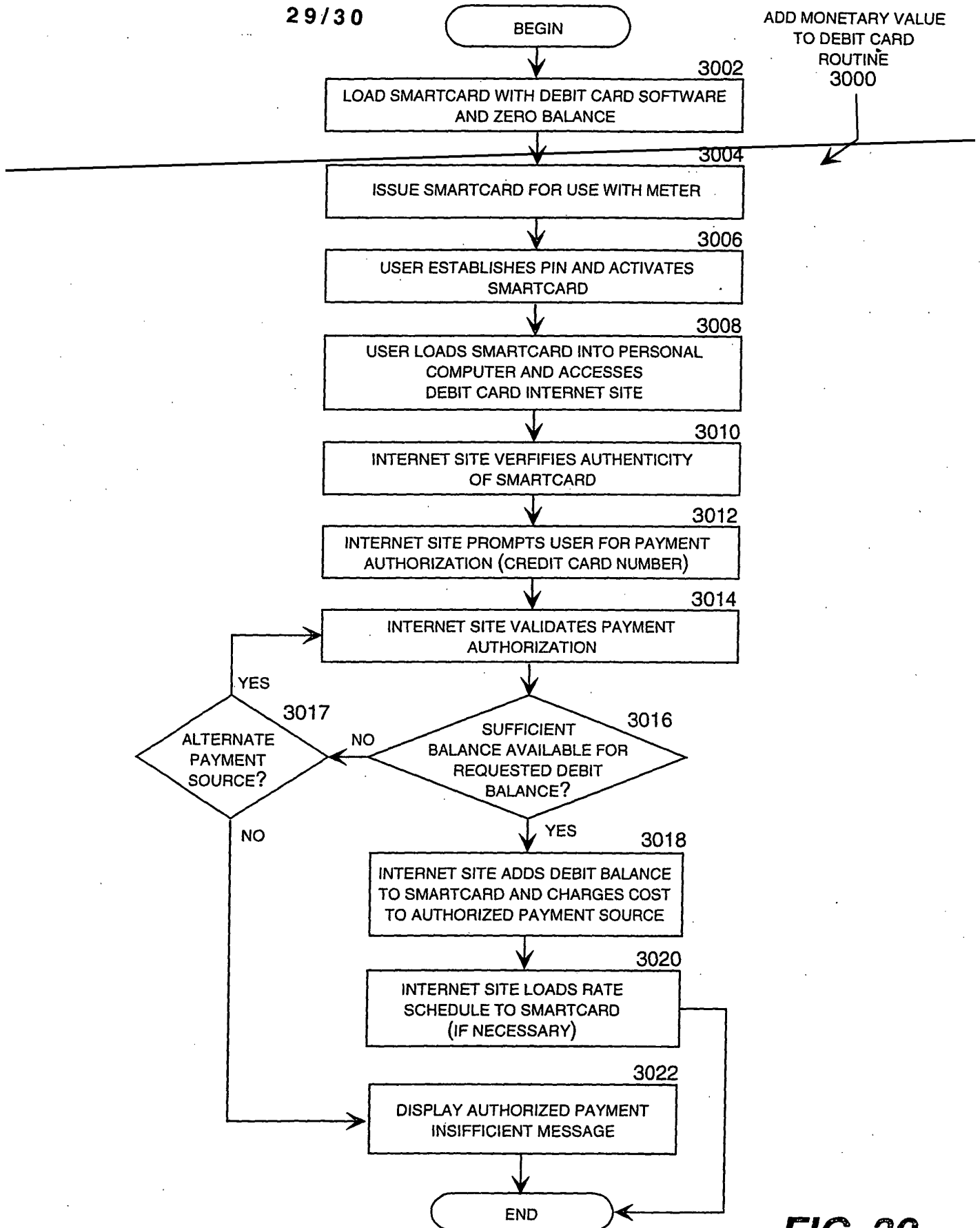


FIG. 30

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